CALIFORNIA DEPARTMENT OF EDUCATION

Office of School Transportation

Training Period Calculation Form

| Driver Name: | | | | | Applicant's Next Birthday: | | | | | | | |
|---------------------|-------------------------|-------|-------|-----|----------------------------|-----------------------------|----------------------|-----------|----------|----------|----------|--|
| Certificate Issued: | | | | | | | Certificate Expires: | | | | | |
| January | February | March | April | May | June | July | August | September | October | November | December | |
| | Training Periods | | | | | Hours of Instruction | | | | | | |
| | | | | | | Required & Type | | | Received | | | |
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